

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966872	(X3) DATE SURVEY COMPLETED 12/16/2014
NAME OF PROVIDER OR SUPPLIER Christel Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 4973 Broadstone Circle West Palm Beach, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-12/16/2014

0093-Food Service - Dietary Standards-12/16/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 12/16/14. Christel Care had no deficiencies identified at the time of the follow-up survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2015

Administrator
Christel Care Inc
4973 Broadstone Circle
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on December 16, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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